Finally, the ACCP Academy’s professional development curricula will include courses on teaching and learning, leadership and management, and research and scholarship. This will be the largest clinical pharmacy specialty meeting ever held in both breadth of programming and diversity of clinical pharmacist attendees. I hope you will be able to be part of this memorable event.

2009 is a landmark year for ACCP as we celebrate the 30th anniversary of the College — an organization that now numbers more than 10,000 members. Guided by ACCP’s Strategic Plan (see http://www.accp.com/docs/about/ACCP_Strategic_Plan.pdf), the College continues to pursue advancement of the clinical pharmacy discipline. Current ACCP initiatives are focused on the education, training, and credentialing of clinical pharmacists to meet future societal needs; advocating for payment for clinical pharmacists’ patient care services; advancing clinical pharmacy’s research mission; and continuing to provide career development opportunities for our members through the ACCP Academy. In addition, ACCP has fostered the involvement of a rapidly growing contingent of student, resident, and fellow members in the College.

During the Congress, attendees will note dedicated Congress programming for students and the large number of residents and fellows in attendance at the Pharmacotherapy Preparatory Course sessions. Indeed, the influx of young people into ACCP continues to energize the College while also providing a critical mass of leaders for the future.

Of potential interest to ESCP members are several recently released papers from ACCP committees and task forces, most of which have been published (or are in press) in the College’s official journal, Pharmacotherapy. These papers can be found on the ACCP Web site at http://www.accp.com/govt/positionPapers.aspx, and they provide commentary and perspective on many professional issues, ranging from the economic evaluation of clinical pharmacy services (http://www.accp.com/docs/positions/whitePapers/EconEvalClinPharmSvsFinal.pdf) to ACCP’s definition of clinical pharmacy (http://www.accp.com/docs/positions/commentaries/ClinPharmDefFinal.pdf).

Of particular note is the recently completed paper by ACCP’s National Student Advisory Committee titled, “Tenets of Professionalism for Pharmacy Students” (http://www.accp.com/docs/positions/commentaries/TenetsProfessionalismFinal.pdf). The upcoming International Congress will provide an opportunity for clinical pharmacists from across the globe to share their experiences, perspectives, and enthusiasm for clinical pharmacy. I am pleased to be able to serve as one of the leaders of this important conference and look forward to meeting many of you in Orlando this spring.

John Murphy
Co-leader of the Orlando ACCP-ESCP congress
murphy@pharmacy.arizona.edu
Vincent studied Pharmacy in Paris, specialized in pharmacokinetics, and graduated as Doctor of Pharmacy in 2000. For the past ten years, he has been in charge of a National Medical Advisory Service (ICAR) on drug management in patients with renal failure (renal tolerance, dosage adjustment...) dedicated to French physicians. He authored more than 100 publications, mainly in international medical journals, on drug pharmacokinetics and renal effects.

His clinical research activities have focused on drugs’ pharmacokinetics and dosage adjustment in patients with renal insufficiency especially in Oncology.

Vincent is member of the French Society of Nephrology, the International Society of Geriatric Oncology (SIOG), and is Vice-President of the European Fellowship for Pharmacists (EFP). Within the European Society of Clinical Pharmacy (ESCP), he has been member, and now Chair, of the Education and Training Committee and on the board of the ESCP Special Interest Group on Cancer Care for the past 6 years. He also collaborates on the Task Force on Renal Insufficiency and Safety in the Elderly Cancer Patient of the SIOG and on the Task Force in the Elderly of the European Organization for the Research and Treatment of Cancer (EORTC).

Who’s Who: Vincent Launay-Vacher
New chair of the Education and Training Committee

In December 2008 an internet survey was held about the quality of the ESCP Dubrovnik Symposium 2008. We invited 350 participants, and 163 responded. However, only 119 completed the questionnaire completely.

The official report of this survey has been distributed to all board and committee members within ESCP. A summary can be found below.

The mean age of the respondents was 37.4 years. Responding ESCP members were usually older than non-escp members: a difference in mean of 10 years! Only 43 (36%) of the respondents were ESCP members. Most of the responding ESCP members were members of the SIG geriatrics (12), followed by the SIG Medicine information (9) and SIG Education and Training (9). Only 10 respondents attended the conference for less than 2 days all others said that they had really been present 2 1/2 days or more.

Most respondents heard from a friend or colleague about the conference (44%), read about it in the newsletter (30%) or got information about the conference from the Internet (28%). To be able to come to an event like this, 1/3rd said that they would always need financial support. 1/3rd would not always need that support and the rest of the respondents did not necessarily need financial support.

The program and events

Over half of the respondents rated all aspects of the program as ‘good’ or ‘outstanding’. There were only some mixed feelings about the quality of the content of the opening lecture, but the presentation of that lecture was admired. The quality of the content of the pharmacotherapy update on Friday morning was regarded as the best of all events.

The workshops about Quantitative methodology, Croatian Clinical Pharmacy, Scientific writing and Managing Adverse Drug Reactions got the highest scores. But the general opinion was that more workshops were needed to accommodate all participants.

Of the social events, the welcome and farewell receptions scored high. The farewell party got the score ‘average’. The service of the registration desk was rated high too.

Over 75% of the respondents scored the scientific content and the organisation as ‘good’ or even ‘outstanding’.

Conclusion

The responding participants in the Dubrovnik ESCP Symposium seemed quite satisfied with the conference, the organisation and its scientific content. Some more attention should probably be paid to the content and presentation of the workshops. According to some mixed comments of the partici-
The ESCP’s Special Interest Group (SIGs) SIG Medicine Information and ACCP’s Practice and Research Networks (PRNs) Drug Information will run a workshop during the upcoming International Congress on Clinical Pharmacy entitled “International Point-of-Care Drug Information Resources”. This 2-hour session will include a lecture about “Drug Information in a Global Environment: An International Perspective on How to Find Drug Information and Identifying Foreign Resources” and case presentations illustrating “Point-of-Care Resources from a Global Perspective: What are Practitioners Using Successfully?”

By the end of the session, participants are expected to be able to:

1. Describe the unique challenges to provide drug information for a global population.
3. Describe issues related to identification of drug products and detection of counterfeit drugs.
4. List ways to incorporate point-of-care resources into current practice.
5. Discuss the use of point-of-care drug information references for both patients and practitioners.
6. List reliable resources that can be used to determine foreign drug information.
7. Describe how these resources can be used effectively to deal with an immigrant population.

Speakers and moderators include:
- David Woods (University of Otago, New Zealand)
- Eric Jackson (University of Connecticut, USA)
- Philip Gregory (Creighton University, USA)
- Yolande Hanssens (Hamad Medical Corporation, Qatar)

Date and time of session: Monday 27 April 2009 from 2:15 to 4:00 pm.

Yolande Hanssens
ESCP SIG Medicine Information leader
yhanssen@hmc.org.qa

ESCP SIG Cancer Care workshop

A joint workshop between ESCP Special Interest Group on Cancer Care, and ACCP Haematology/Oncology Practice & Research Network, will be organized in Orlando on oncogeriatrics. The 1 hr 45 session “Geriatric oncology: an emerging population, an emerging specialty” will provide oncology pharmacists up-to-date information on the appropriate management and treatment of geriatric cancer patients. Elderly people represent a growing part in developed countries’ population, and aging is associated with a higher incidence of cancer.

More pharmacists will thus be involved in the care of geriatric cancer patients, and need to gain understanding about the challenges associated with the management of these patients.

**Learning objectives** of this workshop will be:
- Identify the biological processes affected by aging and molecular pathways associated with carcinogenesis.
- Recognize specific frailties of geriatric patients with cancer and subsequent disease related symptoms.
- Review the role of chemotherapy in the geriatric patient, and discuss the pharmacokinetic and pharmacodynamic principles involved in drug selection and dosing in geriatric patients.
- Consider supportive care strategies and appropriate pain management in elderly patients.
- Understand the principles and practices of palliative care, and review palliation strategies for the most common physical and psychiatric end-of-life symptoms in geriatric patients.

Speakers and moderators include:
- Catherine Terret, MD (Cancer Centre Leon Berard, France)
- Sarah L. Scarpace (Albany College of Pharmacy, USA)
- Mikael Daouphars (Cancer Centre Henri Becquerel, France)
- Scott Soefje (University of Texas Health Science Center, USA)
- Vincent Launay-Vacher (Pitié-Salpêtrière Hospital, France).

Date and time of session: Sunday 26th April 2009 from 2:15 to 4:00 pm.

Mikael Daouphars
ESCP SIG Cancer Care leader
mikael.daouphars@rouen.fnclcc.fr

ESCP SIG Geriatrics

The SIG Geriatrics presents a clinical case. If you cannot find the answer ... see on page 6.

A 85-year-old woman was admitted to the emergency room for confusion, tremors and falls. She has a history of hypertension, osteoporosis, constipation and glaucoma. She was transferred to the geriatric unit for evaluation.

Upon admission the pharmacist on the unit collected information on her medication history. It was difficult to talk to the patient because she was confused. She was able to provide her medication bottles; the name of her community pharmacist was retrieved.

The hospital pharmacist communicated with the community pharmacist to obtain the list of the patient’s medications and also the date of prescription. The patient was receiving the following medications:

- Flurazepam (Dormid®) 15 mg at bedtime (for the past 2 years)
- Buspirone (BuSpar®) 5 mg 3 x/day (for the past 3 weeks)
- Levothyroxine (Synthroid®) 0.05 mg 1 x/day (for the past 5 years)
- Snorem® 100/25 2 x/day (one week prior to admission to the hospital)
- Amlodipine (Norvasc®) 5 mg 1 x/day (for the past 2 years)
- Calcium carbonate 500 mg 2 x/day
- Vitamine D 800 U 1 x/day
- Lactulose 15 ml 2 x/day undred
- Latanoprost (Xalatan®) 0.005% 1 drop right eye at bedtime.

A medication history was done with the patient went she was able to answer questions. She confirmed that she was taking these medications. She was also using a pill box at home. Laboratory values were all within normal limits. Creatinine clearance was 30 ml per min. Blood pressure: 130/80 mm Hg.

Please find the prescribing cascade for this patient.

A prescribing cascade is described where side effects of one drug can be misinterpreted as a new medical condition. Adding a new prescription (instead of stopping the offending medication) to solve the situation can lead to a cascade that results in drug-related illnesses.

Louise Mallet
ESCP SIG Geriatrics leader
louise.mallet@umontreal.ca

The answer can be found on page 6.
Among the “RESC” (Research, Education, SIG, and Communication committees), the aim of the Education and Training Committee (ETC) is to ensure that ESCP provides high-level scientific and educational activities.

To fulfill its responsibilities, the ETC elaborates and reviews any proposal for developing new activities, in liaison with the General Committee. It also works on developing and customizing the conference format to adapt it to any constraint without impairing the educational value, and in developing specific educational sessions.

As examples role-play workshops or pharmacotherapy updates sessions have both been implemented in ESCP conferences programs on a regular basis. A database of past and potential future speakers has been built in order to identify the best possible speaker from all over Europe. The most used specific terms in clinical pharmacy have also been gathered into a glossary, which is available on the ESCP website and likely to be published in PWS. Furthermore, a workshop will be jointly organised by the Education and Training SIG, lead by Moira Kinneer, and the ETC at each ESCP conference, starting in Geneva 2009.

The “hot topic” at the present time is the development of new “distance-learning” tools, especially an e-learning platform. Discussions are ongoing with the European Society of Oncology Pharmacy (ESOP), the SIG Cancer Care, and the ETC.

At the last ESCP conference in Dubrovnik, André Rieutord (see picture) has stepped down from the position of Chair of the ETC. André has been actively involved in ESCP for more than ten years.

He has been the cornerstone of the development of the ETC and the SIG Paediatrics. I would like to thank him for all the energy and time he invested, and for keeping working with us as a member of the ETC. We definitely need his experience and his advices.

As from now, the ETC is composed of 8 members including:
- Anna Carollo (Italy),
- Vera von Gunten (Switzerland),
- Fikret Izzetin (Turkey),
- Moira Kinneer (UK),
- Hannelore Kreckel (Germany),
- Gert Laekeman (Belgium),
- Vincent Launay-Vacher (France, Chair),
- and André Rieutord (France).

The empty bowl

A glass bowl can contain lots of fruits and being functional without further thoughts. But when it is empty, it can be most inspiring for a past president. I received the depicted glass bowl from my friends when leaving the presidency, a lovely piece of art that started a reflection process.

Clouds ...

Once I spoke to a good friend of mine. Fortunately she had recovered from an acute leukemia and I wanted to know how she passed her days in the clinic and at home when she was cured with chemotherapy. Her answer was simpler: every day again during the struggle with her cancer, she looked to the moving clouds in the blue sky, not being interested in fulfilling material wishes: no reading, no television, not much talking. Her material environment did not matter. Fortunately she was never again faced with that leukemia.

Another friend for life underwent a surgical intervention for a tumor in one of the saliva glands two years ago. He recovered after a long process of radiation, being tasteless and tired. Finally the doctors give him hope and he felt being reborn. He invited a whole bunch of friends for his 60th birthday party. At the end of last November he got bad news: a lung tumor was discovered. He entered again in the treatment process of chemotherapy and radiation. When we now talk together, many silent episodes characterize the dialogue.

Unfortunately all of us know lovely friends in our close environment who face the same painful situation. In the worst state of emptiness lovely details can appear, like the ever moving clouds in the sky and the curling blue in the bowl.

Lost ...

I felt somewhat disoriented when flying home after the wonderful ESCP Symposium in Dubrovnik last October. I had the opportunity to pass a magnificent late summer week at the Adriatic Coast, exactly as promised in the conference announcements. The number of participants, the content of lectures and workshops, the efforts made by individual authors of abstracts, a fluent logistic support, the inspiring meetings with devoted ESCP members working in the committees and the many new friends, especially from Croatia, added to our ESCP network as an outgoing president. I had everything to be satisfied. When looking back on two pivotal years of presidency, I am still amazed what happened in that short time. I introduced my candidacy as vice-president of ESCP during the joint ESCP-ACCP Paris conference in 2004. At that time I presented myself as a communicator, rather than a manager.

During my presidency I was faced with both aspects. Communication was a big issue when dealing with the complexity of fueling the cooperation between outstandingly talented colleagues. No one ever expressed the intention of giving up when we were in crisis. At the same time I had to make management decisions. That means: we all together had to make decisions. Of course it was finally the president who signed or confirmed what was discussed as an outcome. But managing was facilitated by the support of responsible friends.

And now Frank has taken over, giving me the past president’s feeling. During the General Assembly I received the present from ESCP: a glass bowl you can see on the picture. It came home safely and has a place of honor in our house. I still did not put any fruit in it. By leaving it empty, the mixing of shape and color gives it a kind of eternity. I passed the responsibility of the presidency, but still there is the attractiveness to fill the bowl that way, that art and content will match.

A lot of challenges remain in ESCP. What should be my involvement as past president? Maybe I should not try to overfill the bowl. Maybe the past president is challenged to make the nice bowl as a recipient of inspiring thoughts and feelings mixed with the beautiful harmony of shape and color.

Gert Laekeman
Your past president
gert.laekeman@pharm.kuleuven.be
Title: Administration of lipid emulsions to adult intensive care patients: impact on the blood lipid profile

Presented by: Pierre Voirol, Switzerland

Main findings: The frequency of occurrence of hypertriglyceridermia in intensive care patients was found to be high with 31% of patients having one plasma triglyceride concentration above the limits. No risk factors could be identified for occurrence of hypertriglyceridaemia.

Title: Hospital pharmacist and resident physician familiarity with discharge medication costs

Presented by: Kelly Wilbur, Qatar

Main findings: The study aimed at evaluating and comparing hospital pharmacist and resident physician familiarity with charge medication costs in a tertiary patient care and medical teaching centre in Vancouver, Canada. Only 21% and 29% of pharmacists and physicians correctly estimated the price patients had to pay for their medications upon discharge. Physicians (39%) and pharmacists (46%) underestimated the costs particularly of linezolid. Physicians (32%) and pharmacists (33%) overestimated costs for clopidogrel and bisoprolol respectively.

Title: Analysis of disease-related costs and consequences in cancer patients receiving capecitabine

Presented by: Susanne Ringsdorff, Germany

Main findings: The aims of the study were to analyze the disease-related costs and the occurrence of the side-effect of hand-foot syndrome in patients receiving capecitabine in two oncology out-patient wards and three oncology practices. On average the cost of capecitabine treatment per breast cancer patient was Euro 18305 and per colorectal cancer patient Euro 25863. The mean hand-foot syndrome severity grade was 0.91 for breast cancer patients and 0.97 for colorectal cancer patients indicating that most patients experience moderate severity. However 7 patients out of the 30 patients participating in the study experienced severe hand-foot syndrome.

Title: Time motion study for pharmacists' activities in a geriatric hospital

Presented by: Francesca Wirth, Malta

Main findings: The aim of the study was to identify and quantify activities undertaken by clinical pharmacists in a geriatric hospital. Pharmacists spent 60% of their time in clinical activities, 29% in administrative duties and 12% in other activities. The main activities were patient care ward rounds including patient profiling, ward round and conference (22%), medication orders (21%), patient discharge (12%) and prescription monitoring (9%).

Title: Transmural pharmaceutical care for geriatric surgical patients

Presented by: Charlotte Delobel, Belgium

Main findings: The aim of the study was to assess the impact of clinical pharmacists in geriatric surgical patients. The study showed that 85% of the patients had an incorrect or missing dose. The average time pharmacists spent taking a medication history was 10 minutes.

Title: Prevalence of potential drug-drug interactions requiring biomarkers for the assessment of clinical relevance

Presented by: Arjen Geerts, The Netherlands

Main findings: Records for patients registered with 100 community pharmacies who were taking two or more drugs that posed a risk for an interaction were screened to identify biomarkers necessary for the management of the interaction. The most frequently used drugs with a potential for drug interactions where biomarkers can be adopted include Angiotensin-Converting Enzyme inhibitors and the monitoring of potassium levels and renal function, diuretics and the monitoring of electrolytes, non-steroidal anti-inflammatory drugs and antithrombotic agents and coagulation markers.

Title: Comparison between antibiotic dose alert and clinical pharmacist for acute kidney injury

Presented by: Barbara Claus, Belgium

Main findings: The objectives of the study were to compare the adaptation of antibiotic dosing in acute kidney injury recommended by an electronic alert system and the clinical pharmacist at an adult Intensive Care Unit in relation to the physicians’ prescription. Data showed that out of 171 patients admitted at the Unit, 70 patients experienced at least one day of renal dysfunction. Pharmacist and the electronic alert system agreed in dosage adaptation in 83% of the antibiotic prescriptions. However there are technical shortcomings in the electronic alert system mostly due to unavailability of parameters at the right time. The electronic alert system can be used to support clinical pharmacists and physicians in managing antibiotic dosing in renal impairment.
Title: An assessment of the appropriateness of medicines use in hospitalized patients
Presented by: Mia Koskiranta, Sweden

Main finding: A retrospective and prospective study over 10 weeks to assess the appropriateness of hospitalized medications on admission, during the hospital stay and at discharge were carried out using the Medicines Appropriateness Index. The Medicines Appropriateness Index was improved on admission and during the hospital stay for patients who received pharmacist input.

Title: Clinical pharmacy intervention in an intensive care unit
Presented by: Julie Berthou, France

Main finding: An 8-month prospective study was carried out to assess the impact of a computerized prescriber order entry system (CPOE) that was implemented in the intensive care unit of the hematology department within a university hospital. Clinical pharmacy interventions based on the CPOE system included reminder for clinical assessments required for patient monitoring (28%), dose modification (26%), and recommendation to stop treatment (15%).

Title: Community pharmacists’ intervention in the monitoring of oral anticoagulation therapy
Presented by: Kristen Buhagiar, Malta

Main finding: Sixty patients had their INR measured using a point-of-care monitoring device in a community pharmacy. Patient perception about the service was high: all patients were satisfied with the service and were willing to pay an average of 6 Euro per test. From the 28 community pharmacists who participated in the study, one was already providing the service and 10 were interested to offer the service at an average charge of 9 Euro.

Title: Developing the pharmacist role
Presented by: Helen Williams, UK

Main finding: The impact of the clinics on achievement of the blood pressure targets within practices was assessed and pharmacist interventions carried out including prescribing were identified. Data was collected on 206 patients from two pharmacist-led clinics for which a clinical review was possible for 168 patients. Over the course of the study, achievement of the target blood pressure rose from 26% to 57% in clinic one and 36% to 69% in clinic two. Pharmacists made 135 prescribing interventions including 81 initiation of new drugs, 35 dose titrations and 18 dose reduction or withdrawal of therapy.

Lilian Azzopardi
lilian.m.azzopardi@um.edu.mt

To be able to detect a prescribing cascade, it is important to obtain the prescribing sequence.

The last medication prescribed for this patient was SINEMET®, followed by her buspirone.

Buspirone, amlodipine and flurazepam are all substrats of CYP3A4. It appears that buspirone has the most affinity for CYP3A4; as a consequence an increase concentration of flurazepam is observed. Clinically, the patient had the following side effects: confusion, delirium, nervousness, tremors.

A prescription cascade was observed: SINEMET® (levodopa/carbidopa) was prescribed following the prescription of buspirone. The patient presented side effects which were probably identified as Parkinson disease by the physician.

What was done for this patient:
- SINEMET® was discontinued.
- Buspirone was gradually decreased to 5 mg 2 x/day for 5 days then 5 mg 1x/day for 5 days then discontinued.
- Flurazepam 15 mg was discontinued and changed to an equivalent dose of oxazepam.
- Oxazepam 15 mg at bedtime was prescribed with a plan to gradually decrease oxazepam over 6 months.
ACCP/ESCP International Congress on Clinical Pharmacy
Orlando, USA, 24-28 April 2009

Placing patients first: a global perspective on how clinical pharmacy makes medicines safer

Welcome to the 2009 ACCP/ESCP congress in Orlando, Florida

Every 5 years, clinical pharmacists from around the world come together to exchange knowledge and best practices and to discuss global health care issues. Be there from April 24 to 28 to join the international clinical pharmacy community at the international Congress on Clinical Pharmacy, cosponsored by the American College of Clinical Pharmacy and the European Society for Clinical Pharmacy. Meeting events will be held at the Orange County Convention Center and the Rosen Centre Hotel in sunny Orlando, Florida.

Scientific Committee
From ESCP:
- Gert Laekeman
- André Rieutord
- Maria Skouroliakou
- Martin Schulz
- Foppe van Mil

From ACCP:
- Sunny Linnebur
- Mike Maddux
- Howard McLeod
- Mary Beth O’Connell
- C. Michael White

Organising Committee
From ACCP:
- Joseph DiPiro
- Stuart Haines
- Gary Matzke
- Nancy Perrin

From ESCP:
- Erik Gerbrants
- Frank Jorgensen
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To learn more about the programme and register, visit: www.escpweb.org or mail info@escpweb.org

ESCP/GSASA Joint Symposium
38th ESCP European Symposium on Clinical Pharmacy
Geneva, Switzerland, 3-6 November 2009

30 Years of Clinical Pharmacy: A bright future ahead!

The 38th symposium of clinical pharmacy will be organized jointly the ESCP and the GSASA (Swiss Society of Public Health Administration and Hospital Pharmacists) in the CICG (International Conference Centre Geneva) from Tuesday 3rd to Friday 6th November 2009. Come and join us in Geneva! After the opening lecture scheduled on Tuesday evening November 3rd, we will discuss and learn on Multidisciplinary Cooperation on Wednesday 4th, Patient Focused Care on Thursday 5th and Integrating Technologies in our Work on Friday 6th. During 3 days we will meet international experts reporting on recent developments, exchange and share knowledge during workshops, oral communications or poster sessions. More information will be available soon on www.escpweb.org.
### New members

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<th>Country</th>
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### Announcements

- **For Your Diary**
  - **2009**
    - **24-28 April**  Orlando (USA)  2009 ACCP/ESCP International Congress on Clinical Pharmacy
    - **3-6 November**  Geneva (Switzerland)  38\(^{th}\) ESCP European Symposium on Clinical Pharmacy
  - **2010**
    - **21-23 October**  Lyon (France)  39\(^{th}\) ESCP European Symposium on Clinical Pharmacy

### ESCP News

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